

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90395 033 \*\*\*150.00

**DOCUMENT # P99000030393**

1. Entity Name

STF FLORIDA, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1858 RINGLING BLVD.

Suite, Apt. #, etc.

3. Mailing Address

1858 RINGLING BLVD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

Zip  
34236

Country  
USA

City & State

SARASOTA, FL

Zip  
34236

Country  
USA

4. FEI Number

65-0969175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
RENEA GLENDINNING

Street Address (P.O. Box Number is Not Acceptable)  
1858 RINGLING BLVD.

City  
SARASOTA FL Zip Code  
34236

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Renea M. Glendinning*  
Signature, typed or printed name of registered agent and the applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/02

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOXALL, STANLEY 1858 RINGLING BLVD. SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOXALL, MARJORIE 1858 RINGLING BLVD. SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLENDINNING, RENE M. 1858 RINGLING BLVD. SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Renea M. Glendinning*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

(941) 365-4617

Daytime Phone #

CR2E034B (12/01)